MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46)

04181

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge Md. (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 17 High St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 17 High St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary P. Bayly.

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: A. Hamilton Bayly
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Mar 13, 1859

8. AGE: Years: 81 Months: 1 Days: 16 If less than one day ____ hrs. ____ min.

9. Birthplace: Easton, Talbot Md. (Town, county, and state)
10. Usual occupation: Formerly Housewife
11. Industry or business:
FATHER 12. Name: Irvin H. Campbell
13. Birthplace: Easton Md.
MOTHER 14. Maiden name: Mary Jones
15. Birthplace: Easton, Md.
16. Informant: Miss Alberta Bayly
Address: Cambridge, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 1, 1940 (month) (day) (year)
Cemetery or crematory: Episcopal
Location: Cambridge Md.
18. Funeral director: Frank E. Albaugh
Address: Cambridge Md
19. 5-1 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29 1940, at 4 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19__ to Apl. 29 1940, and that I last saw her alive on April 29 1940.

Immediate cause of death: Metastatic Carcinoma
Due to: Carcinoma of pancreas primary
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no operation
Of autopsy: no

DURATION: 2 yrs about

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: no Date of: —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: Guy Steele M. D. ~~or other~~
Address: Cambridge Md. Date signed: 4-30-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

04182

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS OF

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dorchester

City or town Woolford Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Bell (Stillborn)

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Undet	W	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/25/40

8. AGE: Years 2½ mo. Months Days abortion If less than one day hrs. min.

9. Birthplace Cambridge Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Spicer Bell

13. Birthplace Dorchester Co. Md.

MOTHER 14. Maiden name Frances Slaughter

15. Birthplace Dorchester Co. Md.

16. Informant Mrs. Spicer Bell

Address Woolford Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 4 25 40 (month) (day) (year)

Cemetery or crematory Cambridge Md.

Location Hospital

18. Funeral director Hospital

Address

19. 4/25/40 19 (Date rec'd by registrar) John Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/40 19 , at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/25/ 1940, to 4/25/ 1940, and that I last saw h — alive on Not at all 19

Immediate cause of death 2½ mo abortion

Due to Cause unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 1 day

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Moore Jr. M.D. M. D. or other

Address Cambridge Md Date signed 4/25/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04183

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore State Hospital, Cambridge, Md.
Stay in hospital or inst. (yrs., or mos., or days): 7 Months 27 days
Stay in this community (yrs., or mos., or days): Same as above.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James H. Bradford

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Maggie Townsend Bradford (Divorced)
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 4, 1861

8. AGE: Years	Months	Days	If less than one day
79	2	11	hrs. min.

9. Birthplace: nr. Berlin, Worcester County, Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Agriculture
FATHER 12. Name: Selby Bradford
13. Birthplace: nr. Berlin, Maryland
MOTHER 14. Maiden name: Jane Wilkinson
15. Birthplace: nr. Berlin, Maryland
16. Informant: Hospital Records, State Hospital,
Address: Cambridge, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 19th 1940 (month) (day) (year)
Cemetery or crematory: Evergreen.
Location: Berlin, Md.
18. Funeral director: J. W. Burbage.
Address: Berlin, Md.
19. Apr. 18 1940 (Date rec'd by registrar) John Mace jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17 1940, at 6.40 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 21 1939 to April 17 1940, and that I last saw h alive on April 17 1940.

Immediate cause of death	DURATION
(a) Chronic Myocarditis	1935
Due to (b) General Arteriosclerosis	1935
Due to	
Other conditions Senile Psychosis	1939
Cerebral Arteriosclerosis	1935

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Percy G. Hawken M. D. or other
Address: State Hospital Cambridge Date signed 4/17/40

RECEIVED
MAY 4 1940
BUREAU Y. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

04184

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Hosp. ~~R. I. E. New Market~~

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days) 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Conn County Fairfield

City or town Stamford Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 65 South St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Margarete Brathwaite

3. (b) Social Security Number none

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband ~~or wife~~ Frederick G. Brathwaite dead

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 20, 1870.

8. AGE: Years 69 Months 6 Days 28 If less than one day ____ hrs. ____ min.

9. Birthplace New Jersey. (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business Own Home.

FATHER 12. Name Silas C. Force. ?

13. Birthplace

MOTHER 14. Maiden name Emma X. Lacey. ?

15. Birthplace

16. Informant M. Woolsey Brathwaite.

Address R. I. E. New Market. Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof April 22, 1940 (month) (day) (year)

Cemetery or crematory St Andrews Family

Location Stamford Conn.

18. Funeral director S. S. Le Compte

Address Cambridge Md.

19. Apr. 19th 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 19 1940, at 6.35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26 1940, to Apr 19 1940, and that I last saw her alive on Apr 18 1940.

Immediate cause of death Cerebral embolus. DURATION 1 day

Due to Fracture surgical neck of femur right. 4 days

Due to Epilepsy Convulsions

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Apr 15 1940

Where did injury occur? Dorchester Co. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) At her home.

Means of injury Fell having convulsions Injured at work? no

23. SIGNATURE John Schneider M.D. M.D. or other

Address Cambridge, Maryland Date signed Apr 19, 1940

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04185

(8)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Camb. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

WITHIN CORPORATE LIMITS OF

2. FULL NAME Still Born Brooks If U. S. Veteran, specify WAR

(a) Residence: No. 445 Willis St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): 4/23/40

7. AGE: Years 4 Mo Months abortion Days If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Cambridge Md.

FATHER

13. NAME: J. Robert Brooks

14. BIRTHPLACE (city or town) (State or country): Cambridge Md.

MOTHER

15. MAIDEN NAME: Mary Wheatley

16. BIRTHPLACE (city or town) (State or country): Cambridge Md.

17. INFORMANT (Address): Mary Brooks Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date 4/24/, 1940

19. UNDERTAKER (Address): Camb. Hospital Cambridge Md

20. FILED 4/24/, 1940 John Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 23rd (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4/23/40, 19__, to 4/23/40, 19__

I last saw him alive on not at all, 19__; death is said to have occurred on the date stated above, at 11 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
4 Mo. abortion	
Cause unknown	

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19__

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John Moore M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 4 1928 BUREAU OF U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04186

STATE OF MARYLAND—CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge WITHIN CORPORATE LIMITS OF No. 211 Cedar St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Cephas If U. S. Veteran, specify WAR

(a) Residence: No. Church Creek St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX undetermined

4. COLOR OR RACE colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Apr. 2nd 1940

7. AGE Years ✓ Months ✓ Days ✓ If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Cambridge (State or country) Md.

FATHER

13. NAME Leon Ward

14. BIRTHPLACE (city or town) Church Creek, (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Cephas

16. BIRTHPLACE (city or town) Buckstown, (State or country) Md.

17. INFORMANT Emma Cephas (Address) Church Creek, Md.

18. BURIAL, CREMATION, OR REMOVAL Bethel Cem. Place Cambridge Date Apr. 2, 1940

19. UNDERTAKER Leon Ward (Address) Church Creek, Md.

20. FILED 4-3, 1940 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 2nd (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from not at, 19 all, 19

I ~~last saw h~~ alive on not at all, 19; death is said to have occurred on the date stated above, at 12:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn (3 mos)

Cause unknown

Date of onset

Other Contributory Causes of Importance:

Name of operation ✓ Date of

What test confirmed diagnosis? History Was there an autopsy? no.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) [signature] M. D.

(Address) Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 4 1928 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

04187

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge WITHIN CORPORATE LIMITS
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution: 202 Gay St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL, NEAR and give town)
Street No.: 202 Gay St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Hester J. Clash

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Wm. A. Clash
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feb 6 - 1840

8. AGE: Years: 100 Months: 2 Days: 24 If less than one day ____ hrs. ____ min.

9. Birthplace: Dor. County (Town, county, and state)
10. Usual occupation: none
11. Industry or business
FATHER
12. Name: Eben E. Payne
13. Birthplace: Dor. Co.
MOTHER
14. Maiden name: Maria Coke Wilcox
15. Birthplace: Dor. Co.
16. Informant: Mr. Guy H. McWilliams
Address: Cambridge Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 2-1940 (month) (day) (year)
Cemetery or crematory: Cambridge Cemetery
Location: Cambridge, Md.
18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Maryland
19. 5/11 1940 (Date rec'd by registrar) John Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 30 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to April 30, 1940, and that I last saw her alive on April 30 1940.

Immediate cause of death	DURATION
Gangrene left foot	
Due to arteriosclerosis	6 weeks
Due to	
Other conditions: Senility	
Cholelithiasis	3 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: John Moore Jr. M.D. (M. D. or other)
Address: Cambridge Md. Date signed: 5/1/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1946
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

04674

CERTIFICATE OF DEATH

Reg. Dist. No. 114

1. PLACE OF DEATH:

County Dorchester

City or town Crapo
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Crapo
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ennalls

3. (b) Social Security Number

4. Sex: female

5. Color or race: colored

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 18, 1940

8. AGE: Years | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Crapo, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Grant Ennalls
13. Birthplace Crapo, Md.

MOTHER
14. Maiden name Christiana Johnson
15. Birthplace Crapo, Md.

16. Informant

Address

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 19 40, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19

and that I last saw h alive on 19

Immediate cause of death stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Sign

23. SIGNATURE Mrs W. J. Cusick Loc reg
M. D. or other

Address Lakesville Date signed June 14

Stillb.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

04188

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Rhodesdale R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Rhodesdale RFD Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Laura Ann Eskridge

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Albany B Eskridge

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 3, 1864

8. AGE: Years	Months	Days	If less than one day
75	4	27	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: House work

11. Industry or business

FATHER
12. Name: William J. Payne
13. Birthplace: Md.

MOTHER
14. Maiden name: Nancy Payne
15. Birthplace: Md.

16. Informant: Ralph Eskridge
Address: Rhodesdale R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 2 1940 (month) (day) (year)
Cemetery or crematory: Freemans
Location: Sharptown
18. Funeral director: Seavers Bros
Address: Sharptown Md.

19 May 2nd 1940 (Date rec'd by registrar) T. L. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 30 1940, at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937 to Apr 30 1940, and that I last saw h-- alive on Apr 29 1940.

Immediate cause of death: Chronic Hypertension
Due to: Chronic Nephritis
Due to: Diabetis Mellitus
Other conditions:
(Include pregnancy within 3 months of death)

DURATION
10 yrs.
10 yrs.
2 yrs.

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H. S. Kuhlman M.D.
M. D. or other
Address: Sharptown Md Date signed: 5/1/40

RECEIVED
MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04189

95-C

CERTIFICATE OF DEATH

Reg. Diat. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Cambridge Md Hospital

WITHIN CORPORATE LIMITS

Stay in hospital or inst. (yrs., or mos., or days): 4

Stay in this community (yrs., or mos., or days): 4

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Hotel Cambridge

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Edith L. Frisch

3. (b) Social Security Number: No -

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Benjiman Frisch

6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): 5-8-1888

8. AGE:

Years	Months	Days	If less than one day
51	10	23	____ hrs. ____ min.

9. Birthplace: Baltimore Md

(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Hotel

FATHER

12. Name: George A Montgomery

13. Birthplace: Md.

MOTHER

14. Maiden name: Mary E. Nelson

15. Birthplace: Md

16. Informant: Benj Frisch

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/3/40 (month) (day) (year)

Cemetery or crematory: Friendship

Location: Balto Md.

18. Funeral director: W S LeCompte

Address: Cambridge Md.

19. 4-2 1940 (Date rec'd by registrar) John Mace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1 1940 at 12,45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10 1936 to April 1 1940

and that I last saw her alive on April 1 1940

	DURATION
Immediate cause of death: Myocardial failure with pulmonary edema and anasarca	Minutes
Due to: myocardial weakness & Cardiac asthma	4 years
Due to:	
Other conditions: Marked Obesity Chronic multiple arthritis (Include pregnancy within 3 months of death)	?

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Wylie M Faw M. D

M. D. or other

Address: Cambridge Md Date signed 4-1-940

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

04190

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 16 days

Stay in this community (yrs., or mos., or days): 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 500 Brown Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ella Graham

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February 23 1877

8. AGE: Years: 63 Months: 1 Days: 16 If less than one day ____ hrs. ____ min.

9. Birthplace: Mardella Wicomico Maryland (Town, county, and state)

10. Usual occupation: Seamstress

11. Industry or business: Shirt Factory

FATHER

12. Name: James Graham

13. Birthplace: Maryland

MOTHER

14. Maiden name: Martha McCarter

15. Birthplace: Maryland

16. Informant: Hospital Records

Address: State Hospital Cambridge Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: April 10-1940 (month) (day) (year)

Cemetery or crematory: Spring Gros

Location

18. Funeral director: Gravenor Bros

Address: Sharptoure

19. 4-10 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8 1940, at 7p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23 1940, to April 8 1940, and that I last saw her alive on April 8 1940.

Immediate cause of death: Cerebral embolism & thrombosis — DURATION: 8 days

Due to: Cerebral Arteriosclerosis & Chronic endocarditis aortic stenosis chronic myocarditis — Unknown Prior to 7yrsago

Due to

Other conditions: Arteriosclerosis Hypertension Psychosis with Cerebral Art. — More than 7 y

Major findings:

Of operations

Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Percy G. Hamlin M. D. or other

Address: State Hospital Date signed 4/8/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-F)

CERTIFICATE OF DEATH

04191

Reg. Dist. No. 111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Dorchester

City or town East New Market

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Katie May Hoffman

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Melvin Hoffman

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 17 1876

8. AGE:

Years	Months	Days	If less than one day
64	1	—	____ hrs. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER 12. Name Isaac Miller

13. Birthplace Md

MOTHER 14. Maiden name Elizabeth Green

15. Birthplace Md

16. Informant Melvin Hoffman

Address East New Market

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) April 23, 40

Cemetery or crematory Cemetery

Location East New Market

18. Funeral director H. H. Willoughby

Address East New Market

19. Apr. 23 1940 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 3:06 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 1940, to April 21 1940, and that I last saw h[illegible] alive on April 21 1940.

Immediate cause of death Carcinoma Liver — DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE W. F. Rawls M. D.

Address Cambridge Md Date signed 4/22/40

RECEIVED
MAY 10 1940
IN GREAT V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04192

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge R.F.D. 3 Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Home —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 81

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge R.F.D. 3 Md Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Margaret J Hubbard

3. (b) Social Security Number —

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Robt N Hubbard
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): 3-10-1859

8. AGE: Years 81 | Months — | Days 27 | If less than one day — hrs. — min.

9. Birthplace: Cambridge R.F.D. Md (Town, county, and state)

10. Usual occupation: Home

11. Industry or business: —

FATHER
12. Name: Samuel Phillips
13. Birthplace: Md

MOTHER
14. Maiden name: Elizabeth Hubbard
15. Birthplace: Md

16. Informant: Mrs H. N. Hubbard
Address: Cambridge R.F.D. 7 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9, 1940 (month) (day) (year)
Cemetery or crematory: Greenlawn
Location: Cambridge R.F.D. Md

18. Funeral director: G S LeCompte
Address: Cambridge, Md

19. 4-8-1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 10 A.M. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1940, to April 7 1940;
and that I last saw h alive on April 7 1940.

	DURATION
Immediate cause of death: Myocardial Failure	
Due to: Senility	
Due to: Rt Upper Lobar pneumonia	4/2/40
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or Coroner
Address Cambridge Md Date signed 4/8/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

04193

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 422 Pine St WITHIN CORPORATE LIMITS

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 47 yrs 2 mo 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 422 Pine
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Frederick Jackson

3. (b) Social Security Number 217-10-8249

4. Sex: male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: widowed

B (b) Name of husband or wife Sarah Jackson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) February 1 1893

8. AGE: Years 47 Months 2 Days 9 If less than one day ____ hrs. ____ min.

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual occupation Gen Laborer

11. Industry or business Canning & Oyster

FATHER
12. Name Joseph Cephas
13. Birthplace Vienna Md

MOTHER
14. Maiden name Sallie Jackson
15. Birthplace Vienna Md

16. Informant Agnes Roberts

Address 422 Pine St. Cambridge Md

17. Bethlehem
(Burial, cremation, or removal. Which?) Date thereof ____ (month) (day) (year)

Cemetery or crematory Cemetery

Location Cambridge Md

18. Funeral director Lewis H Bayne Mrs

Address Cambridge

19. 4-13 1940 John Wace Jr
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 7:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1940, to April 10 1940, and that I last saw him alive on April 10 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 4-10-40

Due to Hypertension — 18 mos

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Carroll M St Clair MD
M. D. or other

Address Pine & Cedar Sts Date signed 4-11-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94c)

CERTIFICATE OF DEATH

04194

Reg. Dist. No. 112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A 5

1. PLACE OF DEATH:
County Dorchester
City or town Vienna md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Vienna md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Isaac H Jackson

3. (b) Social Security Number no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	a a	married

6 (b) Name of husband or wife mary L Jackson
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Feb 20 1864

8. AGE: Years	Months	Days	If less than one day
75	1	22	hrs. min.

9. Birthplace Vienna md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business no

FATHER
12. Name Elzy Pinkett
13. Birthplace Vienna md

MOTHER
14. Maiden name Fannie Jolly
15. Birthplace Vienna md

16. Informant Mrs Florence H Tilghman
Address Vienna, md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 14 - 1940 (month) (day) (year)
Cemetery or crematory Vienna md
Location Vienna md
18. Funeral director James H Stewart
Address Salisbury md

19. April 19 1940 (Date rec'd by registrar) Elizabeth M Graff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 11, 1940, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 2, 1940, to Apr 11, 1940, and that I last saw h alive on Apr 2, 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	1 yr.
Due to	
Due to	
Other conditions Malnutrition	6 wks

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lawrence Mangnor M. D.
M. D. or other
Address Vienna, Md. Date signed 4/13/40

RECEIVED
MAY 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

04195

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Muir St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Muir St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Infant Jones

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: single.

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1940

8. AGE: Years — Months — Days — If less than one day hrs. min.

9. Birthplace Cambridge, Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Harold Cunningham
13. Birthplace New York, N.Y.

MOTHER
14. Maiden name Rosalie Jones
15. Birthplace Cambridge, Md.

16. Informant Rosalie Jones

Address Cambridge Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof April 28, 1940
(month) (day) (year)

Cemetery or crematory Cambridge

Location Cambridge, Md.

18. Funeral director Frank E. Albaugh

Address Cambridge Md.

19. Apr. 27th 1940 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Unknown Fetus 4/27/40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Fetus 3 months duration 19 , to ✓ 19 ✓ ,

and that I last saw h alive on ✓ 19

Immediate cause of death Unknown Premature birth

Due to Miscarriage

Due to ✓

Other conditions Nature Delivered dead Fetus about 3 months duration
(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) ✓ (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE Thos Lynch Colt M.D.
M. D. or other

Address Cambridge Md Date signed April 27/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

04196

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester –

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hotel Cambridge

WITHIN CORPORATE LIMITS OF

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 37

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hotel Cambridge

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no –

3. (a) FULL NAME Thomas E. Jones –

3. (b) Social Security Number no –

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Edith Newbury

Deceased 6(c) If alive, give age 2-4-34 years

7. Birth date of deceased (mo., day, yr.) Jan 14th 1877

8. AGE: Years 63 Months 3 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace Madison, Md –

(Town, county, and state)

10. Usual occupation Oyster Packer

11. Industry or business Sea Food –

FATHER

12. Name Jones

13. Birthplace Madison Md

MOTHER

14. Maiden name Mary Smith –

15. Birthplace Madison, Md –

16. Informant Mr. Thos Jones

Address Wilmington Del –

17. Burial – Date thereof 4/7/40

(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory Old Trinity

Location Church Creek Md

18. Funeral director G. S. Le Camp

Address Cambridge Md

19. 4-7 1940 John Neal Jr.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 7 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1940, to April 5 1940, and that I last saw him alive on April 5 1940.

Immediate cause of death Angina Pectoris

DURATION 6 mos.

Due to Generalized Arteriosclerosis Myocardial Degeneration

Due to

Other conditions Obesity

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Rands M. D. or other

Address Cambridge Md Date signed 4/6/40

RECEIVED
MAY 4 1940
BUREAU V. S

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04197

(1312)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 105 Cedar St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 23

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Md Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 105 Cedar St —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no —

3. (a) FULL NAME Thomas J. Lewis —

3. (b) Social Security Number None —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed —

6 (b) Name of husband or wife: Late Mary E. Lewis —

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 6-15-1865

8. AGE: Years 74 | Months 9 | Days 27 | If less than one day ___ hrs. ___ min.

9. Birthplace Talbot Co, Md (Town, county, and state)

10. Usual occupation Lakaver — "Waterman"

11. Industry or business "general"

FATHER

12. Name Thos J. Lewis.

13. Birthplace Md —

MOTHER

14. Maiden name Mary Moore

15. Birthplace Md

16. Informant Mrs Harvey Rumbley —

Address Cambridge Md —

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/13/40 (month) (day) (year)

Cemetery or crematory Green Lawn —

Location Cambridge, Md —

18. Funeral director G. S. LeCompte

Address Cambridge, Md —

19. 4-13-40 (Date rec'd by registrar) 19 Apr. 13-1940 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 12 1940, at 1215 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 1940, to April 12 1940, and that I last saw him alive on Apr. 8 1940.

Immediate cause of death apoplexy

Due to Cerebral hemorrhage — DURATION 7 days

Due to Arteriosclerosis — ?

Other conditions chronic myocarditis & nephritis — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work?

23. SIGNATURE John F. Schneider MD M. D. or other

Address Cambridge, Md Date signed Apr. 12, 1940

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04198

Reg. Dist. No. 160

1. PLACE OF DEATH:
County Dorchester
City or town near Hurlock
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Hurlock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Hurlock.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice Jane Matthew

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife John Matthew
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 2. 1856

8. AGE:

Years	Months	Days	If less than one day
84	10		____ hrs. ____ min.

9. Birthplace Harland
(Town, county, and state)
10. Usual occupation Home work
11. Industry or business
FATHER 12. Name Robert Allardice
13. Birthplace Scotland
MOTHER 14. Maiden name Isabella Jamieson
15. Birthplace Scotland
16. Informant John Matthew
Address Hurlock Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 14, 1940 (month) (day) (year)
Crematory Cane
Location East New Market
18. Funeral director F. B. Willoughby.
Address Hurlock
19. April 13th 1940 (Date rec'd by registrar) Chas. O. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12th 1940, et ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12th 1940, to April 12th 1940, and that I last saw her alive on April 12th 1940.

	DURATION
Immediate cause of death: Congestive heart failure	3 hours
Due to: Broncho-pneumonia	one day
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. O. Meredith M. D. or other
Address Cambridge, Maryland Date signed April 12, 1940

RECEIVED
MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

04199

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): entire life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Ann Phillips

3. (b) Social Security Number: none.

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Joseph E. Phillips
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): July 16 - 1852
8. AGE: Years: 87 Months: 9 Days: 1 If less than one day: hrs. min.
9. Birthplace: Dor. County (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: James Marshall
13. Birthplace: Dor. Co.
MOTHER 14. Malden name: Mary Ann Steward
15. Birthplace: Princess Anne Md.
16. Informant: Mr. Bessie P. Sore
Address: Cambridge, Md. R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 19-1940 (month) (day) (year)
Cemetery or crematory: Cambridge Cemetery
Location: Cambridge, Md.
18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Maryland
19. Apr. 18 1940 (Date rec'd by registrar) John Meace yr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 17 1940, at 2:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to April 17 1940, and that I last saw h alive on April 16 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 1 day

Due to: Chronic Interstitial Nephritis — 2 yrs.

Due to: Pyelitis — 7 yrs.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Gilbert E. Meeks M. D.
M. D. or other
Address: Cambridge Md. Date signed: 4-17-1940

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87-e)

04200

CERTIFICATE OF DEATH

Reg. Dist. No. 11-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Vienna, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 46 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Marylend County Dorchester

City or town Vienna, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Pinkett.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Josephine Pinkett

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb. 2nd. 1894

8. AGE: Years	Months	Days	If less than one day
46	2	26	hrs. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)

10. Usual occupation Sexton of public School,

11. Industry or business

FATHER 12. Name Marshall Jenkins.

13. Birthplace Dorchester Co. Md.

MOTHER 14. Maiden name Laura Pinkett,

15. Birthplace Dorchester Co. Md.

16. Informant Josephine Pinkett,

Address Vienna. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 30" 1940 (month) (day) (year)

Cemetery or crematory Vienna Cemetery

Location Vienna, Maryland,

18. Funeral director J.J.Framptom & Son.

Address Federalsburg, Md.

19. April 29 1940 (Date rec'd by registrar) Elizabeth N. Engle. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28th. 1940, at 3-A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15th 1940, to April 15" 1940, and that I last saw h alive on April 15" 1940

Immediate cause of death	DURATION
General Debility.	
Due to Central Nervous degeneration	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward E. Lankford M. D. or other

Address Vienna. Md. Date signed 4/29/40

RECEIVED
MAY 6 1940
BUREAU V. S.

04201

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83b)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 Yrs. 11 Mo. 8 Days

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elk Mills Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Wier M. Seth

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): February 15, 1863

8. AGE: Years: 77 Months: 1 Days: 24 If less than one day: hrs. min.

9. Birthplace: Wilmington, Delaware (Town, county, and state)

10. Usual occupation: Mail Carrier

11. Industry or business: Civil Service

FATHER

12. Name: John Seth

13. Birthplace: Rockdale, Pa.

MOTHER

14. Maiden name: Elizabeth Marquis

15. Birthplace: Iron Hill, Pa.

16. Informant: Hospital Records, State Hospital

Address: Cambridge, Maryland

17. (Burial, cremation, or removal. Which?) Date thereof: April 12 (month) 1940 (day) (year)

Cemetery or crematory: Cherry Hill

Location: Cherry Hill Md

18. Funeral director: Florence E. Elnerthy

Address: Cherry Hill Md Eldon R.F.D. #5

19. Apr. 9th 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1 1938, to April 8 1940, and that I last saw him alive on April 8 1940.

Immediate cause of death	DURATION
Cerebral Thrombosis	3/7/40
Left-sided Hemi-Paresis	9/28/38
Due to Cerebral and General Arterio-sclerosis	4/18/35
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Percy G. Hamlin M. D. or other

Address: State Hospital Cambridge Md Date signed: 4/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (56)

CERTIFICATE OF DEATH

04202

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Hospital WITHIN CORPORATE LIMITS

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock - Rural Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Bobtown (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary O. Smith

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife John Henry Smith

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) December 21, 1894

8. AGE:

Years	Months	Days	If less than one day
45	3	10	____ hrs. ____ min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER 12. Name John Hubbard

13. Birthplace Maryland

MOTHER 14. Maiden name Joan Bailey

15. Birthplace Maryland

16. Informant John Henry Smith

Address Hurlock, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 3 1940 (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Near Hurlock, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. 4-2 1940 (Date rec'd by registrar) John Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 7:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/25/ 1940, to 3/31/ 1940, and that I last saw h[illegible] alive on 3/31/40 1940

Immediate cause of death	DURATION
Fibro-Myomata uteri & degeneration + hemorrhage	4 Mo.
Due to	
Due to	
Other conditions Cachexia	1 Mo.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Moore M. D. or other

Address Cambridge Md Date signed 4/1/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24a)

04203

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge Maryland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rhodesdale Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Randolph C. Smullen

3. (b) Social Security Number 220-05-5865

4. Sex: Male

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cleo Smullen

6(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) April 4, 1916

8. AGE: Years 24 years | Months 0 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Factory

FATHER 12. Name Edmond Smullen (Late)

13. Birthplace Delaware

MOTHER 14. Maiden name Harriet Thompson

15. Birthplace Maryland

16. Informant Wife Cleo Smullen

Address Rhodesdale Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 1st, 1940 (month) (day) (year)

Cemetery or crematory Petersburg Cem.

Location Hurlock, Md. R.F.D.

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Md.

19. Apr. 30th 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29. 1940, at 6:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/21 1940, to 4/29 1940, and that I last saw h 1M alive on 4/29 1940.

Immediate cause of death: Uremia

Due to Acute nephritis

Due to Streptococcic infection nasal cavity and face

Other conditions: None (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge Md Date signed 4/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

RECEIVED
MAY 4 1940
BUREAU V. S.

04204

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73B)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH

County Dorchester

City or town Cambridge R.F.D. Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 80 –

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Mary Land County Dorchester

City or town Cambridge R.F.D. 3 – Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Ellen R. Spedden

3. (b) Social Security Number no

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed –

6 (b) Name of husband or wife Edward Spedden

✓ 6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1 – 6 – 1860

8. AGE: Years 80 | Months 3 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace Dorchester Co Md (Town, county, and state)

10. Usual occupation House Wife –

11. Industry or business ✓

FATHER 12. Name Matthew Travers

13. Birthplace Md

MOTHER 14. Maiden name Elizabeth Travers

15. Birthplace Md

18. Informant Matthew Travers

Address Cambridge R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 27, 1940 (month) (day) (year)

Cemetery or crematory Green Lawn

Location Cambridge Md

18. Funeral director G S Le Compte

Address Cambridge Md

19. 4 – 27 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25 1940, at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/22 1939, to 4/25 1940, and that I last saw her alive on 4/25 1940.

Immediate cause of death Aplastic Anemia. — DURATION 1 year.

Due to

Due to

Other conditions Generalized arteriosclerosis

Senility

(Include pregnancy within 3 months of death)

Major findings:

Df operations

Df autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge Md Date signed 4/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

04205

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(30-f)

Reg. Dist. No. 113

1. PLACE OF DEATH:

County Dorchester

City or town Taylor's Island
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Taylor's Island Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles-Jerome-McKinley-Stanley

3. (b) Social Security Number

4. Sex: Male

5. Color or race: C

6. (a) Single, married, widowed, or divorced: single

8 (b) Name of husband or wife ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 11-1959

8. AGE: Years 1 | Months 2 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace Taylor's Island Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Melvin Travers
13. Birthplace Md

MOTHER
14. Maiden name Mary Stanley
15. Birthplace Md

16. Informant Mary Stanley
Address Taylor's Island Md

17. Burial
(Burial, ~~cremation, or removal~~ Which?) Date thereof April 19 1940
(month) (day) (year)

Cemetery or crematory Taylor's Isld

Location —

18. Funeral director John Travers
Address Taylor's Island

19. April 19 1940 J R Need
(Date rec'd by registrar) Registrar
Local

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 4 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —,
and that I last saw h — alive on — 19 —.

Immediate cause of death Probably from history Lobar Pneumonia — DURATION 2 days

Due to —

Due to —

Other conditions Luca — since birth
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations

Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Jos. K. Shriver Def. Med. Exam
M. D. or other
Address Cambridge Md Date signed April 19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

EIVED
MAY 4 19
EAU V. S.

04206

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6 Pine St

WITHIN CORPORATE LIMITS OF

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 78 yrs 9 mos 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. ✓

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6 Pine St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hattie Stanley

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	colored	widowed

6 (b) Name of husband or wife Richard Stanley

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 29 1861

8. AGE:

Years	Months	Days	If less than one day
78	9	2	____ hrs. ____ min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Samuel Long

13. Birthplace Dorchester Co., Md

MOTHER

14. Maiden name Bettie King

15. Birthplace Berlin Md

16. Informant Helen Sampson

Address 6 Pine St, Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 4 - 1940 (month) (day) (year)

Cemetery or crematory Waugh

Location Cambridge, Md

18. Funeral director N M St Clair

Address Cambridge Md

19. 4-4 1940 John Meace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 12 1940, to April 1 1940, and that I last saw her alive on April 1 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1-12-40
Local Impaction	2-10-40
Due to Hypertension General	1938
Due to	
Other conditions Chr. Myocarditis	1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair MD (M. D. or other)

Address Pine & Cedar Sts Date signed 4-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (H)

RECEIVED
MAY 4 1940
BUREAU V. S.

04207

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

30-a

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester

City or town Lakesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) none.

Stay in this community (yrs., or mos., or days) 43

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Lakesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Mr Ogle Bradfords store
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Clara Anna-Elbert-Todd.

3. (b) Social Security Number none

4. Sex Female

5. Color or race colored

6. (a) Single, married, widowed, or divorced married.

B (b) Name of husband or wife Joseph S. Todd.

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: Years 64 Months — Days — If less than one day ___ hrs. ___ min.

9. Birthplace Wilmington Delaware.
(Town, county, and state)

10. Usual occupation house wife

11. Industry or business own home

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden name unknown
15. Birthplace unknown

16. Informant Joseph S. Todd.
Address Church Creek, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Apr 11 - 1940
(month) (day) (year)

Cemetery or crematory Home Burial Ground.

Location Lakesville, Md.

18. Funeral director Louis Bayneum
Address Cambridge, Md

19. Apr. 10 1940 James W. Meacle
(Date rec'd by registrar) Loc. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 6 10 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18 1940, to Apr 9 1940, and that I last saw her alive on Apr 9 1940.

Immediate cause of death Progressive locomotor ataxia

DURATION 20 years

Due to Sues (suspected)

Due to

Other conditions
(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James W. Meacle M.D.
M. D. or other

Address Fishing Creek, Md Date signed Apr 9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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RECEIVED
MAY 7 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04208

(92-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH: Dorchester

County

City or town Wingates, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dor.

City or town Wingate, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Milton G. Truitt

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Missouri J. Pritchett

6(c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.): Aug 5 - 1857

8. AGE: Years 82 | Months 7 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace: Dor. Co.
(Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business

FATHER
12. Name: Robt. Truitt
13. Birthplace: Dor. Co.

MOTHER
14. Maiden name: Susan Tall
15. Birthplace: Dor. Co.

16. Informant: Mrs. Ott Tofwell

Address: Wingate, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr-3-1940 (month) (day) (year)

Cemetery or crematory: Eleneser Cemetery

Location: Wingate, Md.

18. Funeral director: Kenneth R. Thomas

Address: Cambridge, Md.

19. April 2 1940 (Date rec'd by registrar) Wilson D. Pritchett Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 1 1940, at 6 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 10th 1940, to Mar 31st 1940, and that I last saw him alive on Mar. 10th 1940.

Immediate cause of death: Aortic disease Leakage of the heart

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. C. Clymer M. D. or other

Address Bishop Head Date signed April 11

RECEIVED
MAY 6 1919
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04209

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 11 6

Village or City Cambridge, Md No. RFD #1, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsworth Wingate Jr. If U. S. Veteran, specify WAR .....

(a) Residence: No. R7D1. Cambridge, Md. Ward, ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	Born dead,			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Cambridge (State or country) Maryland

FATHER

13. NAME Elsworth Wingate

14. BIRTHPLACE (city or town) Dorchester Co., (State or country) Md

MOTHER

15. MAIDEN NAME Dora Ruark.

16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

17. INFORMANT Father Elsworth Wingate (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Disposed of on premises. Date ....., 19..

19. UNDERTAKER C. Parker (Address)

20. FILED 4-30, 1940 John Meade Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1940, to ....., 19.....

I last saw him alive on ....., 19.....; death is said to have occurred on the date stated above, at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Gangrene of right arm	?
due to obliteration of circulation by umbilical cord.	
Other Contributory Causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Objective Signs. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify .....

(Signed) John D. Schneider M. D.

(Address) Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
MAY 4 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04210

(928)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
311 High St WITHIN CORPORATE LIMITS OF

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 311 High
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Lulu Woolford

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	married

6 (b) Name of husband or wife Alexander Woolford

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) August 25 1893

8. AGE: Years	Months	Days	If less than one day
46	7	20	____ hrs. ____ min.

9. Birthplace Cordtown Dorchester Co Md
(Town, county, and state)

10. Usual occupation domestic

11. Industry or business

FATHER
12. Name Robert Chester
13. Birthplace Dorchester Co Md

MOTHER
14. Maiden name Hannah Jackson
15. Birthplace Cordtown Dorchester Co Md

16. Informant Alexander Woolford
Address 311 High St Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 17 - 1940 (month) (day) (year)

Cemetery or crematory Cordtown Cemetery

Location Library - Cambridge Rt #2

18. Funeral director H M St Clair

Address Cambridge Md

19. Apr. 17 1940 John Meaco jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1940, to April 15 1940, and that I last saw h-- alive on April 15 1940.

Immediate cause of death	DURATION
Chr. Myocarditis	1938
Mitral Insufficiency	1937
Due to Acute Enteritis	4-3-40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Carroll M St Clair M D
M. D. or other

Address Pine Cedar Sts Date signed 4-16-40

RECEIVED
MAY 4 1940
BUREAU V. S.

04211

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH

County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 5 Lenden Ave

WITHIN CORPORATE LIMITS

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Md Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5 Lenden Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No —

3. (a) FULL NAME Thos C. B Wroten —

3. (b) Social Security Number No

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Daisy Brannock

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 4-4-1864

8. AGE: Years 76 Months ✓ Days ✓ If less than one day ___ hrs. ___ min.

9. Birthplace Dor Co. Maryland (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business House

FATHER 12. Name Levin Wroten

13. Birthplace Md.

MOTHER 14. Maiden name Mary Cooper

15. Birthplace Md.

16. Informant Mrs John Peters

Address Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 8, 1940 (month) (day) (year)

Cemetery or crematory Dor Mem Park

Location Cambridge Md.

18. Funeral director G S LeCompte

Address Cambridge Md

19. 4-8 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940 at 9 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 6 1940 and that I last saw him alive on April 6 1940

Immediate cause of death Cerebral Haemorrhage — DURATION 6 days

Due to Hypertension — 2 yrs

Due to

Other conditions Chronic Myocarditis — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jos K. Shriver M. D. or other

Address Cambridge Date signed April 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

(M) (T) (I)

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BUREAU V. S.